NOTICE OF FILING / CLAIM FEE(S) DUE
(CALCULATION SHEET)

APPLICATION NUMBER: _____

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	X	Fee	Fee	=	Total
	Sm./Lg.				Sm. Entity	Lg. Entity		
Basic Filing Fee	201/101				_____	✓	=	760
Total Claims >20	203/103	49	-20 = 29	X	_____	8	=	232
Independent Claims >3	202/102	7	-3 = 4	X	_____	28	=	312
Mult. Dep Claim Present	204/104				_____	_____	=	
Surcharge	205/105				_____	130	=	130
English Translation	139							_____

TOTAL FEE CALCULATION   1224

Fees due upon filing the application:

Total Filing Fees Due = $ 1224.00

Less Filing Fees Submitted   - $ _____

BALANCE DUE   = $ 1224.00

_____
Office of Initial Patent Examination

Figure 7

	Application or Docket Number
PATENT APPLICATION FEE DETERMINATION RECORD Effective November 10, 1998	

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)	SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE		RATE	FEE
BASIC FEE				380.00	OR		760.00
TOTAL CLAIMS	minus 20=	*	X$ 9=		OR	X$18=	
INDEPENDENT CLAIMS	minus 3 =	*	X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT			+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2			TOTAL		OR	TOTAL	

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
					RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
Total	*	Minus	**	=	X$ 9=		OR	X$18=	
Independent	*	Minus	***	=	X39=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+130=		OR	+260=	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA		ADDI-TIONAL FEE	OR		ADDI-TIONAL FEE
					RATE			RATE	
Total	*	Minus	**	=	X$ 9=		OR	X$18=	
Independent	*	Minus	***	=	X39=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+130=		OR	+260=	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA		ADDI-TIONAL FEE	OR		ADDI-TIONAL FEE
					RATE			RATE	
Total	*	Minus	**	=	X$ 9=		OR	X$18=	
Independent	*	Minus	***	=	X39=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+130=		OR	+260=	
					TOTAL ADDIT FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1